



WISCONSIN WELL WOMAN PROGRAM PROCEDURE CODE QUICK REFERENCE

PROVIDERS: PLEASE DISCUSS WITH THE PATIENT ANY PROCEDURES YOU WISH TO PERFORM THAT ARE NOT LISTED (Not Covered by WWWP)

<u>PREVENTIVE MEDICINE OV</u> Use these codes for health history and evaluation of risk profile for depression, domestic violence, hypertension, cardiovascular disease, diabetes, osteoporosis, and comprehensive exams including Pap and annual CBE. One visit per client per provider per year . If client sees GYN provider for Pap-Pelvic-CBE then may be referred for 2nd Preventive office visit for remaining screenings.		<u>DEPRESSION</u> Assess as part of the Preventive Medicine evaluation. (See Preventive Medicine office visit above) Code listed to be used when initial assessment determines need for referral. 90801 - Psychiatric Diagnostic Consult												
<table><tr><td><u>INITIAL</u></td><td><u>Ages</u></td><td><u>ESTAB.</u></td></tr><tr><td>99385</td><td>35 - 39</td><td>99395</td></tr><tr><td>99386</td><td>40 - 64</td><td>99396</td></tr><tr><td>99387</td><td>65 - Over</td><td>99397</td></tr></table>		<u>INITIAL</u>	<u>Ages</u>	<u>ESTAB.</u>	99385	35 - 39	99395	99386	40 - 64	99396	99387	65 - Over	99397	<u>DOMESTIC ABUSE</u> Assess as part of the Preventive Medicine Evaluation. (See Preventive Medicine Office Visit above.)
<u>INITIAL</u>	<u>Ages</u>	<u>ESTAB.</u>												
99385	35 - 39	99395												
99386	40 - 64	99396												
99387	65 - Over	99397												
<u>EVALUATION AND MANAGEMENT</u> <table><tr><td><u>INITIAL</u></td><td><u>ESTAB.</u></td></tr><tr><td>99201 - 10 Min.</td><td>99211 – 5 Min.</td></tr><tr><td>99202 - 20 Min.</td><td>99212 - 10 Min.</td></tr><tr><td>99203 - 30 Min.</td><td>99213 - 15 Min.</td></tr></table>		<u>INITIAL</u>	<u>ESTAB.</u>	99201 - 10 Min.	99211 – 5 Min.	99202 - 20 Min.	99212 - 10 Min.	99203 - 30 Min.	99213 - 15 Min.	<u>CARDIOVASCULAR RISK: DYSLIPIDEMIA and HYPERTENSION</u> 80061 - Lipid Panel (TC/LDL/HDL/TTGS) 99211 - Blood Pressure recheck				
<u>INITIAL</u>	<u>ESTAB.</u>													
99201 - 10 Min.	99211 – 5 Min.													
99202 - 20 Min.	99212 - 10 Min.													
99203 - 30 Min.	99213 - 15 Min.													
<u>CONSULTATION OV</u> Consultation OV can be used to determine further breast diagnostic studies only. (no other consultation visits are covered under the WWWP) 99241 - 15 Min. 99242 - 30 Min. 99243 - 40 Min.		<u>DIABETES</u> 82947 - FBG or Random Sample 82951 - GTT												
<table><tr><td><u>ANESTHESIA</u> (see screening guidelines)</td><td rowspan="5">} or 00400 + modifier</td></tr><tr><td>19100 + modifier</td></tr><tr><td>19101 + modifier</td></tr><tr><td>19120 + modifier –</td></tr><tr><td>19125 + modifier</td></tr><tr><td>19126 + modifier</td><td></td></tr></table>		<u>ANESTHESIA</u> (see screening guidelines)	} or 00400 + modifier	19100 + modifier	19101 + modifier	19120 + modifier –	19125 + modifier	19126 + modifier		<u>OSTEOPOROSIS</u> Assess risk as part of the Preventive Medicine Evaluation. (See Preventive Medicine office visit codes above left)				
<u>ANESTHESIA</u> (see screening guidelines)	} or 00400 + modifier													
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19125 + modifier														
19126 + modifier														
		<u>LAB SERVICE</u> 36415 - Venipuncture 99070 - Supplies and materials provided by physician over and above these usually included with the office visit or other services rendered (list)												
<u>ALLOWABLE BREAST SCREENING AND DIAGNOSTICS</u>														
Radiology, use TC or 26 modifier as appropriate. 76092 - Screening Mammogram 76090 - Diagnostic Mammogram (Unilateral) 76091 - Diagnostic Mammogram (Bilateral) 76095 - Stereotactic localization each lesion 76096 - Preop placement of needle localization wire, breast 76098 - Radiological Exam Surgical Specimen 76645 - Breast Ultrasound, unilateral and/or bilateral 76942 - Ultrasound guidance for needle biopsy		19000 - Puncture Aspiration of Breast Cyst surgical only 19001 - Puncture Aspiration of Cyst, each additional lesion 19100 - Breast Biopsy, precutaneous surgical only 19101 - Biopsy of Breast Open Incisional 19102 - Percutaneous, Needle Core, Using imaging guidance 19103 - Percutaneous, automated vacuum assisted or rotating biopsy device, using imaging guidance 19120 - Excision of Cyst, Fibroadenoma, etc. 19125 - Excision of Breast Lesion identified by preop placement of radiological marker – open single lesion 19126 - Excision of Breast Lesion, identified by preop placement of radiological marker-each additional lesion 19290 - Preop placement of needle localization 19291 - Each additional lesion 19295 - Image guided placement metallic localization clip 10021 - Fine Needle Aspiration (FNA), without guidance 10022 - FNA, with guidance												
<u>BREAST LAB</u> Use TC or 26 modifier as appropriate. 88172 - Evaluation of FNA 88173 - Interpretation and Report of FNA 88305 - Surgical Path. Interpretation up to 5 Specimens from breast 88307 - Breast excision lesion – requiring microscope evaluation 88331 - First tissue block, with frozen section(s) single specimen 88332 - Each additional tissue block with frozen section		<u>CERVICAL CANCER SCREENING</u> 88164, p3000 - Pap Test (Routine Screening) Bethesda System 88141, p3001 - Pap Test/Diagnostic (Interpretation by Physician) 88142 -Thin Prep (reimbursed @ conventional Pap rate) 87621 - HPV Hybrid II Capture from Digene - HPV test High Risk Only 57452 - Colposcopy w/o Biopsy 57454 - Colposcopy with Biopsy and/or Endocervical Curettage 57455 - Colposcopy with Biopsy(s) of Cervix 57456 - Colposcopy with Endocervical Curettage 57505 - Endocervical Curettage (not done as d & c) 88305 - Surgical Pathology Colposcopy up to 5 specimens use TC or 26 modifier as appropriate												

*Bolded CPT codes effective 07/01/2003